



Office of Professional Licensure and Certification
New Hampshire Board of Nursing
121 S. Fruit St.
Concord, NH 03301
PHONE: 603-271-2323 FAX: 603-271-6605
TDD Access: Relay NH 1-800-735-2964
Webpage: <http://www.nh.gov/nursing>

NAME:

License # _____ - 23

ADDRESS:

Date of Birth:

Application for APRN License Renewal

The New Hampshire Board of Nursing strongly encourages you to renew online! It is faster than paper renewal, easy to do and you can use your MasterCard or Visa. To renew online visit our website at: <http://www.state.nh.us/nursing>.

Please print legibly, sign and submit this checklist along with your renewal application if you are renewing by mail.

1. ☐ **YES** I hold a current registered nurse license in New Hampshire or in another compact state.
2. ☐ **YES** I have completed and attached the APRN Application for License Renewal. (Note: You must answer ALL questions, and SIGN and DATE the form. Failure to do so will result in the application being returned to you and a delay in license renewal).
3. ☐ **YES** I have successfully completed 60 educational contact hours, 5 of which must be in the area of pharmacology, earned within the 2 years immediately prior to the application date.
4. ☐ **YES** I have included a copy of my current certification from a national certifying association in my practice category, which counts for 30 of the 60 educational hours.
5. ☐ **YES** I have used advanced nursing knowledge, judgment and skills for a minimum of 400 hours of active in practice in the requested APRN category within the 4 years immediately prior to the date of application.
6. ☐ **YES** I have attached a check or money order for \$100.00 made payable to:
"Treasurer, State of New Hampshire" NON-REFUNDABLE
7. ☐ Pursuant to RSA 319-B:33, II and PH 1503.01(a), I have an active DEA # and I shall register with the NH Prescription Drug Management Program within 90 days of licensure
DEA # _____ or Not Applicable _____

Please note: All documents must be received in the Board office on or before your birthday in order for your license to be renewed.

The renewal process cannot be completed until your application (completely and accurately filled out) and appropriate fees have been received and reviewed.

The Verification Center on the New Hampshire Board of Nursing website will be updated as soon as your license has been renewed. Please check the Board of Nursing website at the web address noted above or call the Voice Verification Line at: (603) 271-6599.

Print Name:

Signature:

Date:

Application/licensing process not completed within 120 days will be purged

New Hampshire has a mandatory licensing law; no one shall practice nursing or nursing related activities in New Hampshire without a current New Hampshire license



**State of New Hampshire
New Hampshire Board of Nursing
121 S. Fruit St.
Concord, NH 03301**

PHONE: 603-271-2323 FAX: 603-271-6605
TDD Access: Relay NH 1-800-735-2964
Webpage: <http://www.nh.gov/nursing>

For Office Use Only

Fee: _____

Rec'd: _____

Ck/mo#: _____

NAME:

License # _____ - 23

ADDRESS:

Date of Birth:

Application for **ADVANCED PRACTICE REGISTERED NURSE** License Renewal

If you are not renewing on line, please complete & submit this application with correct fee.

ALL INFORMATION MUST BE PROVIDED OR YOUR APPLICATION WILL BE RETURNED

Current RN License Number and State of Licensure		Expiration Date ____/____/____ (If licensed in another Compact State)
Current or Previous Employer:	Dates of Employment:	Employer phone number: () -
Address of Employer:		
<u>*If you answered YES to questions 1 - 4, you must attach a letter of explanation.</u>		
1. Have you ever received disciplinary action against any nursing assistant license, certification or nursing license, in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender that has not been annulled?		*YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Have you ever been impaired by or diverted any chemical substances that impaired your ability to practice nursing?		*YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Have you ever been convicted of a felony or any criminal act , not including traffic offenses? (Note: Driving While Intoxicated and Driving Under the Influence are not "traffic violations.")		*YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Do you have a mental or physical problem that makes you incompetent to provide nursing-related activities?		*YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you want your name and address on a list of nurses that may be made available for purchase.		YES <input type="checkbox"/> NO <input type="checkbox"/>
UNDER PENALTY OF LAW , I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for conviction of a misdemeanor (RSA 641:3).		
FEE: APRN Renewal: \$100.00	Make check payable to: "TREASURER, STATE OF NEW HAMPSHIRE" (non-refundable)	
Full signature:	Phone #	Date of Application:
Change of mailing address or name (if applicable)		Please provide your E-mail address:
You must also provide your legal address if different from mailing address		
Sources used to determine a nurse's primary residence for the Nurse Compact include, but are not limited to, driver's license, federal income tax return, and voter registration		

Application/licensing process not completed within 120 days will be purged

New Hampshire has a mandatory licensing law; no one shall practice nursing or nursing related activities in New Hampshire without a current New Hampshire license